

# IMPEC PROJECT TEMPLATE

Each proposal should include the following information. Incomplete project applications may be disqualified and returned to the proposing organization without review. Information for each section should be specific and brief.

## I. PROJECT OVERVIEW

### A. OPERATION NARRATIVE

*Provide a description of your Operation. Include processes, species, capacity per week or year, number of shifts and employees, etc. Explain how COVID-19 has affected your Operation.*

### B. DURATION OF PROJECT

State Date: July 1, 2020

End Date: December 30, 2020

### C. PROJECT SUMMARY

*This section shall address the following:*

- Prioritize limiting factors – Identify a factor (or factors) that limit production capacity or efficiency.
- Improvements – What do you plan to do to address these factors?
- How will the improvements impact:
  - a. Capacity? (example; # of head or pounds per unit of time)
  - b. Efficiency? (example; # of head or pounds per man hour)
- Economic impact – Estimate the potential monetary impact on local livestock producers, employees, the business, etc.
- Address how demands on labor, management, offal, etc. caused by increased production will be handled.

### D. TIMELINE

*This section shall address the following:*

- What activities are necessary to accomplish the project objectives?
- Who will do the work of each activity? If subcontractors are used, make sure you specify their role and responsibilities in performing project activities.
- When will each activity be accomplished? Include timelines for accomplishing each activity.

*The **Timeline** template can be downloaded from the NCDA&CS website at [www.ncagr.gov](http://www.ncagr.gov).*

### E. EXPECTED MEASURABLE OUTCOMES

*What will be the distinct and measurable outcomes that directly support the project?*

Address the anticipated outcomes in terms of throughput as a result of this project. The measurable outcomes should include the following:

- Goal (what you want to achieve or accomplish)
- Performance Measures (objective, relevant valid measures of progress)
- Benchmarks (standards by which project success will be measured)
- Target (threshold for success)

**F. PROJECT OVERSIGHT**

This section shall address the following questions:

- Who will oversee the project activities?
- How will oversight be performed? For example, will weekly or monthly meetings be held to discuss performance toward the completion of the project?

**II. LINE ITEM & BUDGET NARRATIVE**

**A. EQUIPMENT, MATERIALS & INFRASTRUCTURE IMPROVEMENTS**

Describe any special purpose equipment and materials to be purchased under the grant. "Special purpose equipment" is tangible, nonexpendable, personal property having a useful life of more than one year and is used only for the purpose of the project. Also describe any infrastructure improvements for the project.

#	Item Description	Rental or Purchase	Acquire When?	Funds Requested	Match Funds
1					
2					
3					
4					

<b>Equipment Subtotal</b>		
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**EQUIPMENT, MATERIALS & INFRASTRUCTURE IMPROVEMENTS JUSTIFICATION**

For each item listed in the Budget Worksheet describe how the item will be used to achieve the objectives and outcomes of the project.

Item 1:

Item 2:

Item 3:

Add other Items as necessary

**B. CONTRACTUAL/CONSULTANT**

Contractual/consultant costs are the expenses associated with purchasing goods and/or procuring services performed by an individual or organization other than the applicant in the form of a procurement relationship. If there is more than one contractor or consultant, each must be described separately. (Repeat this section for each contract/consultant.)

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**ITEMIZED CONTRACTOR(S)/CONSULTANT(S)**

Provide a list of contractors/consultants, detailing out the name, hourly/flat rate, and overall cost of the services performed. Please note that any statutory limitations on indirect costs also apply to contractors and consultants.

#	Name/Organization	Hourly Rate/Flat Rate	Funds Requested	Match Funds
1				
2				
3				
4				

<b>Contractual/Consultant Subtotal</b>		
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**CONTRACTUAL JUSTIFICATION**

Provide for each of your anticipated contractors listed above a description of the project activities each will accomplish to meet the objectives and outcomes of the project. Each section should also include a justification for why contractual/consultant services are to be used to meet the anticipated outcomes and objectives. Include timelines for each activity.

Contractor/Consultant 1:

Contractor/Consultant 2:

Add other Contractors/Consultants as necessary

**C. PERSONNEL: TRAINING & RETENTION**

List the organization's employees whose time and effort can be traced to project activities.

Name/Title	Level of Effort (# of hours)	Funds Requested	Match Funds

<b>Personnel Subtotal</b>		
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**PERSONNEL; TRAINING & RETENTION JUSTIFICATION**

List current and/or proposed Name/Title of each employee and how they are necessary for the completion of the project's objective(s) and outcome(s).

**D. OTHER EXPENSES**

*Include any expenses not covered in any of the previous budget categories. Be sure to break down costs into cost/unit. Expenses in this section include, but are not limited to, rental expenses, advertisements, permitting costs and data collection.*

#	Item Description	Per-Unit Cost	# of Units/Pieces Purchased	Acquire When?	Funds Requested	Match Funds
1						
2						

<b>Supplies</b>		
<b>Subtotal</b>		

**OTHER EXPENSES JUSTIFICATION**

*Describe the purpose of each item listed and how it is necessary for the completion of the project’s objective(s) and outcome(s).*

Item 1:

Item 2:

Add other Items as necessary

**III. GENERAL REQUIREMENTS & INFORMATION**

**A. EXTERNAL SUPPORT**

*Please provide at least two letters of support from producers, meat handlers or customers. Please provide a letter from the appropriate regulatory agency that you are currently under inspection and have no major issues.*

**B. AUTHORIZATION**

*By signing the application, the Authorizing Agent is guaranteeing that the information contained in this application is correct and verifiable. The Authorizing Agent is also confirming that the funds requested herein will be used for the specific purpose outlined in the application and for no other purpose.*

**C. APPLICATION PACKET DUE DATE**

*The completed Application packet must be postmarked by COB, October 12, 2020.*

*NCDA&CS/IMPEC  
Oxford Tobacco Research Station  
300 Providence Rd.  
Oxford, NC 27565*

*A PDF digital copy should be emailed to: Allison.medlin@ncagr.gov*

**D. CONTACT INFORMATION**

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